

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 551614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1		1			
11		1				
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18		1				
19		1				
20		1				
21		4				
22		4				
23		4				
24	1					
25		2				
26		2				
27	1					
28	1					
29	1					
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TOTAL IND.	13	↓	8	↓		↓
TOTAL DEP.	28	←	12	←		←
TOTAL CLAIMS	41		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						